

AMENDMENTS TO THE DRAWINGS

Replacement formal drawings of Figures 1-15 are submitted concurrently herewith under a separate cover letter.

REMARKS

By this Amendment, claims 1 and 3-9 are amended, claim 2 is cancelled, and claims 10-17 are added. Thus, claims 1 and 3-17 are active in the application. Reexamination and reconsideration of the application are respectfully requested.

The specification and abstract have been carefully reviewed and revised in order to correct grammatical and idiomatic errors in order to aid the Examiner in further consideration of the application. The amendments to the specification and abstract are incorporated in the attached substitute specification and abstract. No new matter has been added.

Also attached hereto is a marked-up version of the substitute specification and abstract illustrating the changes made to the original specification and abstract.

Replacement formal drawings of Figures 1-15 are submitted concurrently herewith under a separate cover letter in order to correct a mislabeled element in Figure 15. Specifically, reference numeral 1 is used in the specification and the remaining drawings to denote the patient server, and reference numeral 2 is used to denote the medical care provider server (see Figure 1, for example). However, the patient server was denoted with reference numeral 2 in Figure 15. Accordingly, Figure 15 has been revised to denote the patient server with reference numeral 1 instead of reference numeral 2.

The Applicants submit that no new matter was added via the editorial revision to Figure 15. Accordingly, approval of the replacement formal drawings is respectfully requested.

In item 3 on page 2 of the Office Action, claim 1 was rejected under 35 U.S.C. § 102(b) as being anticipated by Joao (U.S. 6,283,761). Further, in item 5 on page 4 of the Office Action, claims 2-9 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Joao in view of Jemes et al. (U.S. Patent Application Publication No. 2001/0037384, hereinafter "Jemes").

Claim 1 has been amended to include the limitations recited in original claim 2. These rejections are respectfully traversed for the following reasons.

The present invention provides a medical information system which includes two distinct groups that are connected to each other by a first network. In particular, the first

group or network of the medical information system is a patient side's group, and the second group or network of the medical information system is a medical care provider's group. The first group or network includes at least one patient terminal 4 and a patient server 1, and the second group or network includes at least one doctor terminal 5 and a medical care provider server 2 (see Figure 1).

The patient server 1 and the medical care provider server 2 are connected to each other by a first network 3A. The at least one patient terminal 4 is connected to the patient server 1 by a second network 3B. The at least one doctor terminal 5 is connected to medical care provider server 2 by a third network 3c.

This configuration allows for the patient server 1 and medical care provider server 2 to be configured not as a single server but as two, distinct, separate and decentralized servers. As a result, if either the patient server 1 or the medical care provider server 2 is downed (e.g., taken offline) for maintenance or to add more patient terminals 4 to the patient server 1 or more doctor terminals 5 to the medical care provider server 2, the other server is not affected when the patient server 1 or the medical care provider server 2 is downed. Furthermore, this configuration achieves a reduction in load to the respective servers 1 and 2, greater stability, high flexibility and a high level of security (see, for example, paragraphs [0011] to [0013] and [0076] to [0079] of the specification).

Claims 1 and 8-9 each recite the above-described configuration of the medical information system. Appendix A is submitted herewith to illustrate the configuration recited in each of claims 1 and 8-9. It is to be noted that although claims 8 and 9 recite a plurality of the terminals and a plurality of the servers, the illustration in Appendix A is still representative of the configurations recited in claims 8 and 9.

As shown in Appendix A and as recited in claims 1 and 8-9, the patient server is connected to the medical care provider server by a first network. The patient terminal is connected to the patient server by a second network, and the doctor terminal is connected to the medical care provider server by a third network. As described above, this configuration enables the patient server and medical care provider server to be configured not as a single server but as two, distinct, separate and decentralized servers.

On the other hand, Joao discloses a medical information system in which only one server (central processing computer 10) serves as a connection node for a healthcare

provider device 20 (doctor's terminal), a healthcare insurer communication device 30, a patient terminal 40, and an intermediary (agent) communication device 50. That is, the central processing computer 10 serving as the single server connects each of the doctor's terminal 20, the healthcare insurer communication device 30, the patient terminal 40, and the intermediary communication device 50 to each other to allow communication therebetween (see Column 13, line 30 to Column 14, line 58 and Figure 1).

Accordingly, in stark contrast to claims 1 and 8-9, Joao clearly does not disclose or suggest that the central processing computer 10 is divided into one server to which only a patient side's group or network is connected and into another server to which only a healthcare provider's group or network is connected.

Jemes discloses a configuration in which a plurality of groups or networks are connected to each other by means of an enterprise backbone 12, where such a configuration is intended to enhance security. However, Jemes does not disclose or suggest a configuration in which a first group or network (patient side's group) and a second group or network (medical care provider's group) are connected to each other in view of the special needs of security and privacy regarding medical care information. In addition, Jemes does not disclose or suggest a network configuration which achieves the reduction in loads to the respective servers, greater stability, high flexibility and the high level of security as achieved by the inventions of claims 1 and 8-9.

Furthermore, even if Joao and Jemes were combined, a network configuration shown in Appendix B submitted herewith would only be obtained. According to the combination of Joao and Jemes, a plurality of medical information systems (systems (1) and (2)), which respectively include a patient terminal, a doctor terminal and a single server, would be connected to each other by a common network corresponding to the enterprise backbone 12 of Jemes.

That is, Joao discloses that each communication device is connected to one another by the central processing computer 10 to result in one network system (system (1) or (2) shown in Appendix B). Jemes, however, merely discloses that a plurality of network systems (system (1) or (2) shown in Appendix B) are joined by a common network (the enterprise backbone 12). Therefore, any obvious combination of Joao and Jemes would result in the network configuration shown in Appendix B.

However, the combination of Joao and Jemes clearly does not result in the configuration recited in claims 1 and 8-9 in which the patient side's network and the medical care provider side's network are connected to each other via the first network. Furthermore, the combination of Joao and Jemes clearly does not result in a first network which connects a patient server and a medical care provider server, a second network which connects a patient terminal to the patient server, and a third network which connects a doctor terminal to the medical care provider system, as recited in claims 1 and 8-9.

Moreover, the combination of Joao and Jemes does not achieve the remarkable effects of the inventions of claims 1 and 8-9 of reducing loads to the respective servers, increasing stability, creating higher flexibility and a high level of security and privacy.

Accordingly, for at least the foregoing reasons, the Applicants respectfully submit that Joao and Jemes clearly fail to disclose or suggest each and every limitation of claims 1 and 8-9.

Consequently, no obvious combination of Joao and Jemes would result in the inventions of claims 1 and 8-9 since Joao and Jemes, either individually or in combination, clearly fail to disclose or suggest each and every limitation of claims 1 and 8-9.

Furthermore, it is submitted that the clear distinctions discussed above are such that a person having ordinary skill in the art at the time the invention was made would not have been motivated to modify Joao and Jemes in such a manner as to result in, or otherwise render obvious, the present invention as recited in claims 1 and 8-9.

Therefore, the Applicants respectfully submit that the claims 1 and 8-9, as well as claims 3-7 and 10-17 which depend therefrom, are clearly allowable over the prior art as applied by the Examiner.

In view of the foregoing amendments and remarks, it is respectfully submitted that the present application is clearly in condition for allowance. An early notice thereof is respectfully solicited.

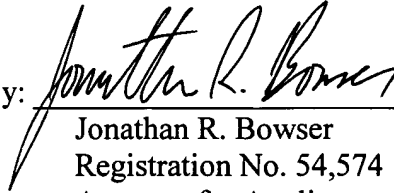
If, after reviewing this Amendment, the Examiner feels there are any issues remaining which must be resolved before the application can be passed to issue, the

Examiner is respectfully requested to contact the undersigned by telephone in order to resolve such issues.

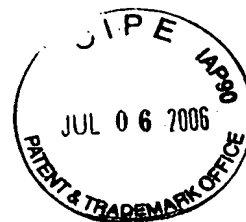
A fee and a Petition for a one-month Extension of Time are filed herewith pursuant to 37 CFR § 1.136(a).

Respectfully submitted,

Kenji IWANO et al.

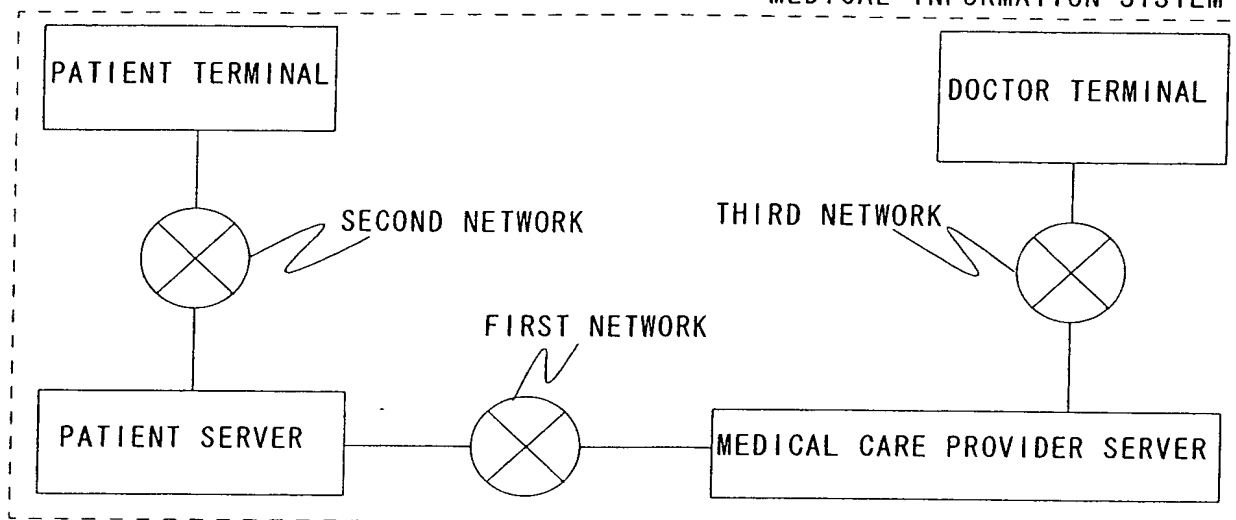
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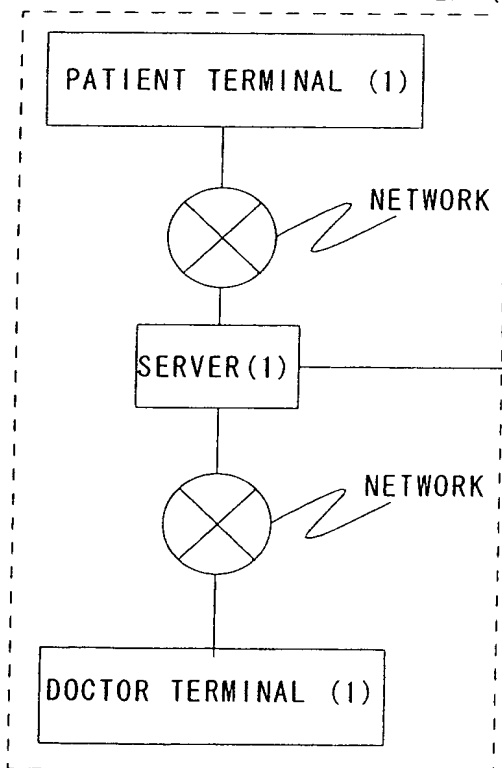
APPENDIX A

MEDICAL INFORMATION SYSTEM



APPENDIX B

MEDICAL INFORMATION SYSTEM (1)



MEDICAL INFORMATION SYSTEM (2)

